



The Medical Center Babysitting Clinic Application Form

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Age (11-17) _____ Sex: Male Female

T-shirt Size Preferred: (Youth Sizes) Small Medium Large
(Adult Sizes) Small Medium Large X-Large

Who to call in case of an emergency:
 Name, relationship, phone number _____

I _____ will drop my child off by 9:00 a.m. and will pick up by 2:30 p.m.
 Parent/Guardian Name
 (If you have other pick-up arrangements, please let the clinic facilitator know.)

- TOPICS:**
- **BASIC CHILDCARE**
 - **FIRST AID**
 - **COOKING SAFETY**
 - **SETTING YOUR FEES**
 - **“CLEAR THE AIRWAY”**
 - **MARKETING YOURSELF**

I would like to sign my child up for one of the following classes:

_____ **June 5** _____ **June 19** _____ **July 17** _____ **July 29**

_____ **I have enclosed a check for \$20.00 (Make check payable to: The Medical Center)**

Please return your application and payment at least one week in advance to:
The Medical Center – Community Wellness Department
1857 Tucker Way, Suite B
Bowling Green, KY 42104
(270) 745-0942 or 1 (877) 800-3824